

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 78780
Milwaukee, WI 53293-0780
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSCredTrades@wi.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INSTRUCTIONS FOR JOURNEYMAN PLUMBER RESTRICTED APPLIANCE APPLICATION

Requirements for Credential

Per [Wis. Stats. § 145.06](#), no person may engage in or work at plumbing in the state unless licensed to do so by the Department.

Pursuant to [Wis. Stats. § 145.14](#), the plumbing activities that may be undertaken by a person who holds a credential as a licensed Master Plumber Restricted Appliance, licensed Journeyman Plumber Restricted Appliance, or registered Plumbing Learner Restricted Appliance shall be limited to installing a water treatment device, a water heater, or any other item in connection with a water distribution system, including a stormwater use or reclaimed water system, which does not require a direct connection to a drain system.

Per [Wis. Admin. Code § SPS 305.945](#), the plumbing activities that may be undertaken by a person who holds a license as a licensed Journeyman Plumber Restricted Appliance shall be performed under the general supervision of a person who is a licensed Master Plumber or a licensed Master Plumber Restricted Appliance.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

A person may obtain a credential as a licensed Journeyman Plumber Restricted Appliance by **one** of the following methods:

Method 1 – Experience, Education and Examination

Completing experience requirements, education requirements and passing the Journeyman Plumber Restricted Appliance license examination.

1. **Application and Fee:** The fee consists of a \$10 application fee and a \$20 exam fee. When the exam is passed the applicant will pay a \$180 prorated credential fee, based on a 4 year term from March 31st.
2. **Experience and Education:** A person applying for a Journeyman Plumber Restricted Appliance license examination shall have at least 1,000 hours of experience in 1 continuous year as a registered Plumbing Learner Restricted Appliance and submit evidence of shop training and instruction in at least all of the following:
 - Plumbing code ([Wis. Admin. Code § SPS 381 to 387](#))
 - Blueprint or blueline reading
 - Appliance and equipment servicing

Complete the Experience and Education Tables on Page 2.

3. **Examination:** Select an exam date on Page 2. For additional information on exam content, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

Method 2 – Wisconsin Master Plumber Restricted Appliance License to be exchanged for a Journeyman Plumber Restricted Appliance License

A person who holds a Wisconsin Master Plumber Restricted Appliance license may, upon application to the Department, exchange his or her Master Plumber Restricted Appliance license for a Wisconsin Journeyman Plumber Restricted Appliance license.

1. **Application and Fee:** The fee consists of a \$180 prorated credential fee, based on a 4 year term from March 31st. The fee table on Page 1 includes both the application fee and prorated credential fee. If the exchange is made at the time of renewal, a credential fee of \$180 for the Journeyman Plumber Restricted Appliance license shall be submitted.
2. **Master Plumber Restricted Appliance License:** **Attach** a copy of your Master Plumber Restricted Appliance license. Keep your original copy of your Master Plumber Restricted Appliance license.

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR JOURNEYMAN PLUMBER RESTRICTED APPLIANCE LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR
PRINT IN INK**

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name

First Name

MI

Date of Birth

 / /

Address (street, city, state, zip)

Daytime Telephone Number

 - -

Social Security #

 - -

Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Have you ever held a Trades credential in WI? ☐ Yes ☐ No

If yes, list your credential number:

Email Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see further information below)
- ☐ **Method 1 – Experience/Education and Exam**
\$10.00 Application Fee
\$20.00 Exam Fee
\$30.00 Total Fee Attached
- ☐ **Method 2 - WI Master Plumber Restricted Appliance License Exchange** (see Prorated Credential Fee Table below)
- ☐ **Reinstatement Fee (credential expired more than 4 years)**
\$10.00 Application Fee
\$20.00 Exam Fee
\$25.00 Late Renewal Fee
\$55.00 Total Fee Attached

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- ☐ **Fee and Application** (including signature on Page 3)
- ☐ **Supporting Documentation for Method Applying by** (see Page i for instruction, i.e. copy of Master Plumber Restricted Appliance license)
- ☐ Is name on all credentials the same? If not, list former/maiden name(s):

Prorated Credential Fee Table – Method 2

Select the month the application is mailed. The fee below includes both the application and credential fee.

<input type="checkbox"/> January - \$146.25	<input type="checkbox"/> February - \$142.50	<input type="checkbox"/> March - \$138.75	<input type="checkbox"/> April - \$180.00
<input type="checkbox"/> May - \$176.25	<input type="checkbox"/> June - \$172.50	<input type="checkbox"/> July - \$168.75	<input type="checkbox"/> August - \$165.00
<input type="checkbox"/> September - \$161.25	<input type="checkbox"/> October - \$157.50	<input type="checkbox"/> November - \$153.75	<input type="checkbox"/> December - \$150.00

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

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EXPERIENCE TABLE: METHOD 1

Document at least 1,000 hours of experience within 1 continuous year as a registered Plumbing Learner Restricted Appliance. If the hours were witnessed by more than one person, the hours witnessed by each person must be completed on separate rows. The witness must be a licensed Master Plumber or Master Plumber Restricted Appliance, Journey Plumber or Journeyman Restricted Appliance that directly supervised the applicant. Copies of this page may be made to mail to witnesses to sign. (attach additional sheet(s) if necessary)

Hours	Signature of Witness	WI License #	Phone # of Witness
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div> <div style="text-align: center; margin: 5px;">-</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div> <div style="text-align: center; margin: 5px;">-</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> </div>
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EDUCATION TABLE: METHOD 1

The witness must be a licensed Master Plumber or Master Plumber Restricted Appliance that instructed the applicant on the educational coursework.

Educational Coursework	Signature of Witness	WI License #
Plumbing Code: Wis. Admin. Code § SPS 381 to 387	<div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>
Blueprint or Blueprint Reading	<div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>
Appliance and Equipment Servicing	<div style="border: 1px solid black; width: 180px; height: 20px; margin: 5px;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px;"></div>

TO SCHEDULE AN UPCOMING EXAM: METHOD 1

- Indicate a **first date choice (1)** and a **second date choice (2)** in the event one exam site is full.
- Submit the **fee and this application to the Department at least 30 days in advance of the exam date chosen.**
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov

Select One: <input type="checkbox"/> A.M. (Starts at 8:00 a.m.) or <input type="checkbox"/> P.M. (Starts at 1:00 p.m.)				
Pewaukee – WCTC Education Center 800 Main St., Pewaukee, WI 53072	<input type="checkbox"/> January 20, 2016	<input type="checkbox"/> February 10, 2016	<input type="checkbox"/> March 9, 2016	<input type="checkbox"/> April 20, 2016
	<input type="checkbox"/> May 11, 2016	<input type="checkbox"/> June 30, 2016	<input type="checkbox"/> July 20, 2016	<input type="checkbox"/> August 17, 2016
	<input type="checkbox"/> September 28, 2016	<input type="checkbox"/> October 26, 2016	<input type="checkbox"/> November 9, 2016	<input type="checkbox"/> December 14, 2016
Eau Claire – The Plaza Hotel & Suites 1202 W Claremont Ave, Eau Claire, WI 54701	<input type="checkbox"/> February 23, 2016	<input type="checkbox"/> April 12, 2016	<input type="checkbox"/> June 2, 2016	<input type="checkbox"/> August 3, 2016
	<input type="checkbox"/> October 5, 2016	<input type="checkbox"/> December 7, 2016		
Appleton - Fox Valley Technical College 1825 North Bluemound Dr., Appleton 54914	<input type="checkbox"/> January 6, 2016	<input type="checkbox"/> March 22, 2016	<input type="checkbox"/> May 24, 2016	<input type="checkbox"/> July 14, 2016
	<input type="checkbox"/> September 7, 2016	<input type="checkbox"/> November 22, 2016		

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CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> under “Licenses, Permits, and Registrations” and select “Trades Professions.”

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. § 1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /